IPSS Travel Award Request 2024/25

For Fiscal Year 2024/25 the IPSS Graduate Program will offer up to \$700 travel award grants for students presenting research as 1st authors at regional, national, and international meetings or attending workshops. Grants will be awarded on a first come-first served basis until the available funding is exhausted.

Student First Name		Student Last Name Student ID Number		
Student Email	 :			
Advisor Name		Advisor Email		
Meeting/Conference Nar	ne or Research Travel Purpos	ee		
		to		
Meeting/Conference Nar	ne or Research Travel Destina	ation Travel dates		
☐ I will be atten	ding the meeting/conference eting at the meeting/conference Total other funding (i.e. from faculty adviso	Total funds requested from IPSS		
Have you received funding	ng from the IPSS program dur	ring this academic year? \Box Yes \Box No		
Student Signature		Date		
	Approval from IPS	SS Program		
Total Amount of Funding Awarded:		Account: <u>1012150020</u> SIO: <u>809000019205</u>		
DGS or PSS Signature		Date		

If you need assistance making travel arrangements or submitting documents in Concur, please reach out to (Zoë Womack at Zoe.Womack@uky.edu), PSB 105. Please remember, when you charge travel expenses upfront to your personal credit card, reimbursement will occur only after the travel event. By signing this form, the graduate student or their supervisor agree to complete the following expense form besides entering a CONCUR expense report and emailing the form to owendroth@uky.edu.

IPSS Travel and Blockfunding Expense Report for Fiscal Year 2025

Congratulations! an amount of \$	You have been appr	roved for receiving I	PSS Travel or other Blo	ockfunds in
		nse report in CONCU	JR, please fill out this fo	orm.
account (101215 different account in the table below (owendroth@uky Completing and If you have purch	50020, SiO: 8090000 ts, please list only th w. After completion, .edu). I submitting this fo hased items for this	19205). If you had to the part of the expensible please e-mail this form are mandatory	! o report at different tim	rge them to lockfunding
Student's Name:				
Name of Confere	nce and Trip destina	ation:		
Purchase Date	Expense Item	Vendor	Procard or personal credit card Holder's Name	Amount
			Total of this report:	
☐ Another to submitted	only form for this tra ravel expense form fo l after the trip. s report form for this	or the same travel wit	th additional expenses wunt ofh	
Student's	or Supervisor's sign		n	 ate

